| Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)  | Type or print in   |  | RECEIVED<br>CITY POERIN<br>Y OF STOCKT                              |                    | CALIFORNIA 460 2001/02 FORM  |  |  |  |
|---|--|--|---|--------------------|--|--|--|--|
|   | Statement covers period from January 1,2003 through December 31, 2003  | Date of election if application (Month, Day, Year)  March 2, 2004  | JAN 12 A 9  | : 02 <sub>Pa</sub> | ge1 of<br>For Official Use Only                                      |  |  |  |
| SEE INSTRUCTIONS ON REVERSE   | through December 31, 2003  |  |   |                    |  |  |  |  |
| State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee  | Inplete Parts 1, 2, 3, and 4. Inplete Parts 1, 2, 3, and 4. Inplete Parts 1, 2, 3, and 4. Inplete Parts 2, and 4. Inplete Parts 3, and 4. Inplete Parts 4, and 4. Inplete Parts 3, and 4. Inplete Parts 4, and 4 | 2. Type of Statement:  Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain be   | [<br>[<br>low)  | <br>Suppleme       | Statement<br>dd-Year Report<br>ntal Preelection<br>- Attach Form 495 |  |  |  |
|   | . NUMBER   | Treasurer(s)   | <del></del>   |                    |  |  |  |  |
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Committee to elect Harvey N. Bills SR MAYOR  |  | NAME OF TREASURER  Donna M. Bills  MAILING ADDRESS  9469 Tuscany Circle  |   |                    |  |  |  |  |
| STREET ADDRESS (NO P.O. BOX) 9469 Tuscany Circle  |  | CITY<br>Stockton   | STATE<br>CA   | ZIP CODE<br>95210  | AREA CODE/PHONE<br>209-474-6460                                      |  |  |  |
| Stockton CA 95210  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO   | 209-474-6460   | Mark Magellan  Mailing address  1524 Greely Way  | ER, IF ANY  |                    |  |  |  |  |
| OPTIONAL: FAX / E-MAIL ADDRESS HarveyBills2004@aol.com  | DE AREA CODE/PHONE   | CITY Stockton OPTIONAL: FAX / E-MAIL ADDRE   | STATE<br>CA<br>ESS  | ZIP CODE<br>95207  | AREA CODE/PHONE<br>209-466-4596                                      |  |  |  |
| 4. Verification I have used all reasonable diligence in preparing and reviewicertify under penalty of perjury under the laws of the State of Date    State of Date   Date | of California that the foregoing is true a   | / knowledge the information container and correct.  Signature of Treasurer of Assistant Truth of Signature of Controlling Officeholder, Candidate, State Measure Proprieta Signature of Controlling Officeholder, Candidate, State Signature of Controlling Of | refisurer<br>ponent or Responsible Officer<br>ate Measure Proponent | of Sponsor         | dules is true and complete. I  |  |  |  |

## Campaign Disclosure Statement Summary Page

19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above \$

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

FPPC Form 460 (June/01)

FPPC Toll-Free Helpline: 866/ASK-FPPC

NAME OF FILER Harvey N. Bills SR Column A Column B Calendar Year Summary for Candidates Contributions Received CALENDAR YEAR TOTAL THIS PERIOD Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 1. Monetary Contributions ...... Schedule A, Line 3 \$ 2485.34 2485.34 1/1 through 6/30 7/1 to Date 2. Loans Received ...... Schedule B. Line 3 2485.34 2485.34 20. Contributions SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$ Received 4. Nonmonetary Contributions ...... Schedule C, Line 3 21. Expenditures 2485.34 2485.34 Made 5. TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 273.68 273.68 6. Payments Made ...... Schedule E. Line 4 \$ **Candidates** 7. Loans Made ...... Schedule H, Line 3 22. Cumulative Expenditures Made\* 273.68 273.68 8 SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 \$ (if Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) ...... Schedule F. Line 3 Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment ...... Schedule C, Line 3 273.68 273.68 **Current Cash Statement** 0 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$ To calculate Column B. add 2485.34 amounts in Column A to the corresponding amounts 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 from Column B of your last report. Some amounts in 273.68 15. Cash Payments ...... Column A, Line 8 above Column A may be negative 2485.34 figures that should be 16. ENDING CASH BALANCE ......... Add Lines 12 + 13 + 14, then subtract Line 15 \$ 2211.66 subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ \_\_\_\_ \*Since January 1, 2001. Amounts in this section may be carry over the amounts different from amounts reported in Column B. from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts anv). 

|   | ,   | Type or print in i                            | nk.                             | r  |                                       |  | SCHE                                  | DULE B - PART 1                               |
|---|---|---|---------------------------------|--|---------------------------------------|--|---------------------------------------|---|
| Schedule B – Part 1<br>Loans Received   | Amo   | Statement cov                                 | y 1, 2003                       | california 460                               |                                       |  |                                       |   |
|   |   |   |                                 |  | through Decemi                        | per 31, 2003                           | Page 3                                | of4   |
| SEE INSTRUCTIONS ON REVERSE   |   |   |                                 | J  |                                       |  | I.D. NUMBER                           |   |
| Harvey N. Bills SR  |   |   |                                 |  |                                       |  |                                       |   |
| FULL NAME, STREET ADDRESS AND ZIP CODE<br>OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER<br>NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PA<br>OR FORGIVI<br>THIS PERIC | EN. CLOSE OF THIS                     | (e)<br>INTEREST<br>PAID THIS<br>PERIOD | (f)<br>ORIGINAL<br>AMOUNT OF<br>LOAN  | (g)<br>CUMULATIVE<br>CONTRIBUTIONS<br>TO DATE |
| Golden 1 Credit Union<br>P.O.Box 15249<br>Sacramento, CA 95851  |   | 2500.00                                       | 2500.00                         | PAID \$ 2146                                 | 6 s 2296.96                           | 4.6<br>RATE %                          | s2500.00<br>12/2/03                   | \$PER ELECTION**                              |
| †□IND MECOM □OTH □PTY □SCC  |   | \$  | \$                              | \$   | DATE DUE                              | 3                                      | DATE INCURRED                         | 3   |
| Harvey N. Bills SR<br>9469 Tuscany Circle<br>Stockton, CA 95210   |   | \$200.00                                      | s200.00                         | PAID  S  FORGIVEN  S                         | \$ 200.00                             | % RATE                                 | \$ 200.00<br>12/1/03<br>DATE INCURRED | \$PERELECTION **                              |
| TIME IND COM OTH PTY SCC  |   |   |                                 | [ PAID                                       |                                       |  |                                       | CALENDAR YEAR                                 |
|   |   |   |                                 | \$ FORGIVEN                                  | \$                                    | %<br>RATE                              | s                                     | \$<br>PER ELECTION ***                        |
| †□ IND □ COM □ OTH □ PTY □ SCC  |   | \$  | \$                              | \$   | DATE DUE                              | \$                                     | DATE INCURRED                         | \$  |
|   |   | SUBTOTALS S                                   | 2700.00                         | \$ 214.6                                     | 66 \$ 2496.96                         | <b>\$</b> 11.62                        |                                       |   |
| Schedule B Summary  |   |   |                                 |  |                                       | (Enter (e) on<br>Schedule E, Line 3)   | <u> </u>                              |   |
| Loans received this period (Total Column (b) plus unitemized loan   |   |   |                                 | \$_  | 2700.00                               | -                                      | another party                         | rgiven or paid by<br>y also must be           |
| <ol> <li>Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that</li> </ol> | ) paid or forgiven.)  |   |                                 | \$_  | 214.66                                | -                                      | ** If required                        | Schedule A.                                   |
| 3. Net change this period. (Subtract Line Enter the net here and on the Summar  |   |   |                                 | NET \$ _                                     | 2485.34<br>(May be a negative number) | -                                      |                                       |   |

OTH - Other

PTY - Political Party SCC - Small Contributor Committee

† Contributor Codes

IND – Individual COM – Recipient Committee (other than PTY or SCC)

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

## Schedule E Payments Made

Type or print in Ink.

Amounts may be rounded to whole dollars.

Statement covers period from Januaryl 03

CALIFORNIA 460

through Decombe 31, 03

Page 4 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Harvey N. Bills SR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. returned contributions campaign consultants MTG meetings and appearances SAL campaign workers' salaries contribution (explain nonmonetary)\* OFC office expenses t.v. or cable airtime and production costs petition circulating PET CVC civic donations candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees polling and survey research staff/spouse travel, lodging, and meals POL fundraising events transfer between committees of the same candidate/sponsor postage, delivery and messenger services TSF independent expenditure supporting/opposing others (explain)\* ND professional services (legal, accounting) VOT voter registration LEG legal defense information technology costs (internet, e-mail) campaign literature and mailings PRT print ads LIT NAME AND ADDRESS OF PAYEE DESCRIPTION OF PAYMENT AMOUNT PAID CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Ioan Payment Golden 1 Credit Union \$ 214.66 P.O. Box 15249 Sacramento, Ca 95851-0249 \* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ Schedule E Summary 214.66 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .......\$ 47.40 2. Unitemized payments made this period of under \$100 ......\$ \_\_\_

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$

11.62

273.68

State of California

## Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Harvey N. Bills Sr

| Harvey N. Bills Sr  |    |  |     |  |  |  |  |  |  |
|---|----|--|-----|--|--|--|--|--|--|
| Contributions Received  |    | Column A  TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) |     | Column B CALENDAR YEAR TOTAL TO DATE             | Calendar Year Summary for Candidates Running in Both the State Primary and General Elections |  |  |  |  |
| 1. Monetary Contributions Schedule A, Line 3                          | \$ |  | \$  |  | 1/1 thn  | ough 6/30 7/1 to Date                                |  |  |  |
| 2. Loans Received Schedule B, Line 3                                  |    | 0  |     | 0  |  | // to 5 at   |  |  |  |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2                        | \$ | 0  | \$  | 0  | 20. Contributions  Received \$   | s  |  |  |  |
| 4. Nonmonetary Contributions Schedule C, Line 3                       |    |  |     |  | 21. Expenditures   |  |  |  |  |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4                       | \$ | 0  | \$  | 0  | Made \$  | <b>\$</b>  |  |  |  |
| Expenditures Made  6. Payments Made                                   | \$ | 75.00  | \$  | 75.00  | Expenditure Limit S<br>Candidates  | ummary for State                                     |  |  |  |
| 7. Loans Made   |    |  |     |  |  | Expenditures Made* oluntary Expenditure Limit)       |  |  |  |
| 9. Accrued Expenses (Unpaid Bills)                                    |    |  |     |  | Date of Election<br>(mm/dd/yy)   | Total to Date  |  |  |  |
| 10. Nonmonetary Adjustment  |    |  |     | 75.00  | (mm/dd/yy)   |  |  |  |  |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10                      | \$ | 73.00  | \$  | 73.00  |  | \$   |  |  |  |
| Current Cash Statement  |    | 0044.00  |     |  |  | \$   |  |  |  |
| 12. Beginning Cash Balance Previous Summary Page, Line 16             | \$ | 2211.00  |     | calculate Column B, add                          | 1 1  | \$   |  |  |  |
| 13. Cash Receipts Column A, Line 3 above                              |    | 0  |     | nounts in Column A to the rresponding amounts    |  | •  |  |  |  |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4                |    |  | fro | m Column B of your last                          |  | \$   |  |  |  |
| 15. Cash Payments   |    | 75.00  | Co  | oort. Some amounts in<br>olumn A may be negative | 1 1  | \$   |  |  |  |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ | 2136.66  |     | ures that should be btracted from previous       |  |  |  |  |  |
| If this is a termination statement, Line 16 must be zero.             |    |  | pe  | riod amounts. If this is                         |  | \$   |  |  |  |
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2                       | \$ |  | for | this calendar year, only<br>rry over the amounts |  | mounts in this section may be                        |  |  |  |
| Cash Equivalents and Outstanding Debts                                |    |  |     | m Lines 2, 7, and 9 (if y).                      | different from amounts rep   | orted in Column B.                                   |  |  |  |
| 18. Cash Equivalents See instructions on reverse                      | \$ |  |     |  |  |  |  |  |  |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above           | \$ |  |     |  | FPPC Toli  | FPPC Form 460 (June/01) -Free Helpline: 866/ASK-FPPC |  |  |  |

| Schedule B – Part 1<br>Loans Received   | to whole dollars.  from   |   |  |  | y 1, 2004                  | CALIFORN<br>FORM                       | <sup>A</sup> 460                     |   |
|---|---|---|--|--|----------------------------|--|--------------------------------------|---|
| SEE INSTRUCTIONS ON REVERSE   |   |   |  |  | through Janua              | ry 17,2004                             | Page 3                               | of  |
| NAME OF FILER   |   |   |  |  |                            |  | I.D. NUMBER                          |   |
| Harvey N. Bills Sr  |   |   |  |  |                            |  |                                      |   |
| FULL NAME, STREET ADDRESS AND ZIP CODE<br>OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER<br>NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT<br>RECEIVED THIS<br>PERIOD | (c)<br>AMOUNT PA<br>OR FORGIVI<br>THIS PERIO | EN. CLOSE OF THIS          | (e)<br>INTEREST<br>PAID THIS<br>PERIOD | (f)<br>ORIGINAL<br>AMOUNT OF<br>LOAN | (g)<br>CUMULATIVE<br>CONTRIBUTIONS<br>TO DATE |
| Golden 1 Credit Union<br>P.O.Box 15249<br>Sacramento, CA 95851  |   | 2211.66                                       | 0  | \$FORGIVEN                                   | s                          | RATE                                   | \$                                   | \$PER ELECTION**                              |
| T IND COM OTH PTY SCC   |   | \$  | \$                                       | \$   | DATE DUE                   | \$                                     | DATE INCURRED                        | \$  |
| Harvey N. Bills Sr 9469 Tuscany Circle Stockton, CA 95210   |   | s200.00                                       | s0                                       | \$ \$ FORGIVEN                               | 0 DATE DUE                 | % RATE                                 | \$                                   | \$ PER ELECTION **                            |
|   |   | \$  | \$                                       | PAID  \$FORGIVEN  \$                         |                            | %                                      | \$                                   | CALENDAR YEAR  \$ PER ELECTION **             |
| TO IND COM OTH PTY SCC  |   | SUBTOTALS \$                                  | <u> </u>                                 | <u></u>                                      | DATE DUE                   |  | DATE INCURRED                        |   |
| Schedule B Summary  |   |   |  |  | 0                          | (Enter (e) on<br>Schedule E, Line 3)   |                                      |   |
| Loans received this period (Total Column (b) plus unitemized loan   | s less than \$100.)   |   |  |  |                            | -                                      |                                      | rgiven or paid by also must be                |
| <ol> <li>Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that</li> </ol> | ) paid or forgiven.)  |   |  | \$ _   | 0                          |  | ** If required                       | İ   |
| Net change this period. (Subtract Line<br>Enter the net here and on the Summar  |   |   |  | NET \$                                       | (May be a negative number) |  |                                      |   |
| † Contributor Codes<br>IND – Individual COM – Recipient Committee (c  | other than PTY or SCC) OTH –  | Other PTY-P                                   | olitical Party S                         | CC – Small C                                 | ontributor Committee       | FPPC TO                                |                                      | m 460 (June/01)<br>: 866/ASK-FPPC             |

|   |   |              |                  |           |  |  |                |          |         | SCHEDULE I  |
|---|---|--------------|------------------|-----------|--|--|----------------|----------|---------|-------------|
| Schedule E  | Type or print in ink.  Amounts may be rounded |              |                  |           | State  | ment covers p                            | CALIFORNIA 460 |          |         |             |
| Payments Made   | to whole d                                    | ollars.      |                  |           | from   | January 1, 2                             | 2004           | FORM TOO |         |             |
| SEE INSTRUCTIONS ON REVERSE   |   |              |                  |           | through  | January 17                               | , 2004         | Page     | of      | 4           |
| NAME OF FILER   |   |              |                  | 1         |  |  |                | I.D. NUI | MBER    |             |
| Harvey N. Bills Sr  |   |              |                  |           |  |  |                |          |         |             |
| CODES: If one of the following codes accurately describes           | s the payment, yo                             | u may ei     | nter the code    | . Otherw  | ise, desc  | ribe the payn                            | nent.          |          |         |             |
| CMP campaign paraphernalia/misc.                                    | MBR member com                                |              |                  |           |  | io airtime and pr                        |                | osts     |         |             |
| CNS campaign consultants CTB contribution (explain nonmonetary)*    | MTG meetings an<br>OFC office exper           |              | ces              |           |  | npaign workers'                          |                |          |         |             |
| CVC civic donations   | PET petition circu                            |              |                  |           |  | or cable airtime                         | •              |          | s       |             |
| FIL candidate filing/ballot fees FND fundraising events             | PHO phone banks POL polling and s             |              | arch             |           |  | ididate travel, loo<br>ff/spouse travel, |                |          |         |             |
| ND independent expenditure supporting/opposing others (explain)*    | POS postage, del                              | ivery and n  | nessenger servic |           | TSF tran   | nsfer between co                         |                |          |         | ate/sponsor |
| LEG legal defense LIT campaign literature and mailings              | PRO professional<br>PRT print ads             | services (le | egal, accounting | )         | VOT voter registration WEB information technology costs (internet, e-mail) |  |                |          | e-mail) |             |
|   |   | 1            |                  |           |  |  |                |          |         |             |
| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) |   | CODE         | OR               | DESC      | RIPTION OF   | PAYMENT                                  |                |          | AMOL    | NT PAID     |
|   |   |              |                  |           |  |  |                |          |         |             |
|   |   |              |                  |           |  |  |                |          |         |             |
|   |   |              |                  |           |  |  |                |          |         |             |
|   |   |              |                  |           |  |  |                |          |         |             |
|   |   |              |                  |           |  |  |                |          |         |             |
|   |   |              |                  |           |  |  |                |          |         |             |
|   |   |              |                  |           |  |  |                |          |         |             |
|   |   |              |                  |           |  |  |                |          |         |             |
| * Payments that are contributions or independent expenditures       | must also be summ                             | arized on    | Schedule D.      |           |  |  | SUB            | TOTAL    | <b></b> | D           |
|   |   |              |                  |           |  |  |                |          |         |             |
| Schedule E Summary  |   |              |                  |           |  |  |                |          |         |             |
| 1. Payments made this period of \$100 or more. (Include all Se      |   |              |                  |           |  |  |                |          |         | 75.00       |
| 2. Unitemized payments made this period of under \$100              |   |              |                  |           |  |  |                | \$       |         | 75.00       |
| 3. Total interest paid this period on loans. (Enter amount from     | Schedule B, Part                              | 1, Colum     | n (e).)          |           |  |  |                | \$       |         | 75.00       |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. E       | nter here and on t                            | he Summ      | ary Page, Col    | lumn A, L | ine 6.)  |  | TOTA           | AL \$    |         | 75.00       |

**COVER PAGE** 

State of California

## **Campaign Disclosure Statement Summary Page**

Type or print in ink. Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM January 18,2004 from \_ Page \_\_\_\_ of \_\_\_4 February 19,2004 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

| Harvey N. Bills Sr   |   |   | 1262802   |  |  |  |
|--|---|---|---|--|--|--|
| Contributions Received   | Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) |   | Calendar Year Summary for Candidates<br>Running in Both the State Primary and<br>General Elections                          |  |  |  |
| 1. Monetary Contributions       Schedule A, Line 3         2. Loans Received       Schedule B, Line 3         3. SUBTOTAL CASH CONTRIBUTIONS       Add Lines 1 + 2         4. Nonmonetary Contributions       Schedule C, Line 3         5. TOTAL CONTRIBUTIONS RECEIVED       Add Lines 3 + 4 | \$0   | s0  | 1/1 through 6/30 7/1 to Date  20. Contributions Received \$ \$  21. Expenditures Made \$ \$                                 |  |  |  |
| Expenditures Made 6. Payments Made   |   | \$ 574.96   | Expenditure Limit Summary for State Candidates  |  |  |  |
| 7. Loans Made  | \$ 226.32   |   | 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date (mm/dd/yy) \$ |  |  |  |
| Current Cash Statement  12. Beginning Cash Balance   | 0<br>0<br>226.32<br>\$ 1985.38                      | To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative | \$ \$ \$ \$   |  |  |  |
| Cash Equivalents and Outstanding Debts  18. Cash Equivalents   |   | from Lines 2, 7, and 9 (if any).  | different from amounts reported in Column B.  FPPC Form 460 (June/01  FPPC Toll-Free Helpline: 866/ASK-FPPC                 |  |  |  |

|   | -   | Type or print in i            | nk                             |  |                                      |                                      | SCHE                         | DULE B - PART 1                    |
|---|---|-------------------------------|--------------------------------|--|--------------------------------------|--------------------------------------|------------------------------|------------------------------------|
| Schedule B – Part 1   | Amo   | Statement cov                 | ers period                     | CALIFORNIA 160                         |                                      |                                      |                              |                                    |
| Loans Received  |   | to whole dollar               | <b>S</b> .                     |  | from Januar                          | y 18,2004                            | 460                          |                                    |
|   |   |                               |                                |  |                                      | 40.000                               |                              |                                    |
| SEE INSTRUCTIONS ON REVERSE   |   |                               |                                |  | through Februa                       | ary 19,2004                          | Page3                        | of                                 |
| NAME OF FILER   |   |                               |                                | ······································ |                                      |                                      | I.D. NUMBER                  |                                    |
| Harvey N. Bills Sr  |   |                               |                                |  |                                      |                                      | 1262802                      |                                    |
| FULL NAME, STREET ADDRESS AND ZIP CODE<br>OF LENDER                 | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER | (a)<br>OUTSTANDING<br>BALANCE | (b)<br>AMOUNT<br>RECEIVED THIS | (c)<br>AMOUNT PA                       | DALANCE AT                           | (e)<br>INTEREST<br>PAID THIS         | (f)<br>ORIGINAL<br>AMOUNT OF | (g)<br>CUMULATIVE<br>CONTRIBUTIONS |
| (IF COMMITTEE, ALSO ENTER I.D. NUMBER)                              | (IF SELF-EMPLOYED, ENTER<br>NAME OF BUSINESS)   | BEGINNING THIS<br>PERIOD      | PERIOD                         | OR FORGIVI                             | THE OFFICE OF THE                    | PERIOD                               | LOAN                         | TODATE                             |
| Golden 1 Credit Union   |   |                               |                                | PAID                                   | 1996.94                              | 4.6                                  | 2500.00                      | CALENDAR YEAR                      |
| P.O.Box 15249<br>Sacramento, CA 95851                               |   |                               |                                | \$                                     | _   •                                | RATE %                               | \$                           | \$<br>PER ELECTION**               |
| To we   |   | s <u>1996.54</u>              | \$                             | s214.6                                 | DATE DUE                             | s11.66                               | 12/03 DATE INCURRED          | s                                  |
| TO IND ME COM OTH PTY SCC   |   |                               |                                | [ PAID                                 |                                      |                                      |                              | CALENDAR YEAR                      |
| Harvey N. Bills   |   |                               |                                | _                                      | 200.00                               |                                      | 200.00                       |                                    |
| 9469 Tuscny Circle<br>Stockton, CA 95210                            |   |                               |                                | \$FORGIVEN                             |                                      | RATE                                 | \$                           | PER ELECTION **                    |
| Stocker, Grade 15   |   | 200.00                        |                                |  |                                      |                                      | 12/03                        |                                    |
| †□ IND □ COM □ OTH □ PTY □ SCC                                      |   | \$                            | \$                             | \$                                     | DATE DUE                             | \$                                   | DATE INCURRED                | \$                                 |
|   | ,   |                               |                                | ☐ PAID                                 |                                      |                                      |                              | CALENDAR YEAR                      |
|   |   |                               |                                | s                                      | \$                                   | %                                    | \$                           | \$                                 |
|   |   |                               |                                | FORGIVEN                               |                                      | NATE.                                |                              | PER ELECTION**                     |
| †□ IND □ COM □ OTH □ PTY □ SCC                                      |   | \$                            | \$                             | s                                      | DATE DUE                             | \$                                   | DATE INCURRED                | \$                                 |
|   |   | SUBTOTALS \$                  | 0 :                            | \$ 214.6                               | 66 \$ 2196.94                        | <b>\$</b> 11.66                      |                              |                                    |
| Och dula D Common   |   |                               |                                |  |                                      | (Enter (e) on<br>Schedule E, Line 3) |                              |                                    |
| Schedule B Summary  |   |                               |                                |  | 0                                    | Schedule E, Line 3)                  |                              |                                    |
| Loans received this period  (Total Column (b) plus unitemized loans |   |                               |                                | \$ _                                   | 0                                    |                                      |                              | rgiven or paid by<br>also must be  |
| o i i i i i i i i i i i i i i i i i i i                             |   |                               |                                | œ                                      | 214.66                               |                                      | reported on                  |                                    |
| <ol> <li>Loans paid or forgiven this period</li></ol>               | paid or forgiven.)                              |                               |                                | <b>-</b>                               |                                      |                                      | ** If required               |                                    |
|   |   |                               |                                |  | 214 66                               |                                      |                              |                                    |
| 3. Net change this period. (Subtract Line                           |   |                               | •••••                          | NET \$ _                               | 214.66<br>(May be a negative number) | ,                                    |                              |                                    |
| Enter the net here and on the Summar                                | y Page, Column A, Line 2.                       |                               |                                |  | ,                                    |                                      |                              |                                    |
| † Contributor Codes   |   |                               |                                |  |                                      |                                      |                              |                                    |
| IND – Individual COM – Recipient Committee (c                       | ther than PTY or SCC) OTH -                     | Other PTY - P                 | olitical Party S               | SCC – Small C                          | ontributor Committee                 | FPPC To                              |                              | m 460 (June/01)<br>: 866/ASK-FPPC  |

|  |                                      |                |   | SCHEDULE     |  |               |                      |  |  |
|--|--------------------------------------|----------------|---|--------------|--|---------------|----------------------|--|--|
| Schedule E   | Type or print<br>Amounts may b       |                |   | Stater       | ment covers period                           | CALIFO        | DRNIA 460            |  |  |
| Payments Made  | to whole dollars.                    |                |   | from         | January 18,2004                              | FOI           | RM 400               |  |  |
| SEE INSTRUCTIONS ON REVERSE  |                                      |                |   | through      | February 19,2004                             | Page          | 4 of 4               |  |  |
| NAME OF FILER  |                                      |                |   |              |  | I.D. NUN      | MBER                 |  |  |
| Harvey N. Bills Sr   |                                      |                |   |              |  | 126280        | 2                    |  |  |
| CODES: If one of the following codes accurately describes                          | s the payment, yo                    | u may ente     | er the code. Othe                       | rwise, desc  | ribe the payment.                            |               |                      |  |  |
| CMP campaign paraphernalia/misc.   | MBR member com                       |                |   |              | io airtime and production                    | costs         |                      |  |  |
| CNS campaign consultants   | MTG meetings and<br>OFC office expen | i appearance:  | S                                       |              | urned contributions npaign workers' salaries |               |                      |  |  |
| CTB contribution (explain nonmonetary)*  CVC civic donations                       | PET petition circu                   |                |   |              | or cable airtime and prod                    | uction cost   | S                    |  |  |
| FIL candidate filing/ballot fees   | PHO phone banks                      |                |   | TRC can      |  |               |                      |  |  |
| FND fundraising events   |                                      | urvey researc  |   |              | ff/spouse travel, lodging,                   |               | didata/              |  |  |
| ND independent expenditure supporting/opposing others (explain)* LEG legal defense |                                      |                | ssenger services<br>al, accounting)     |              | nsfer between committees<br>er registration  | . 01 1110 521 | ne candidate/sponsor |  |  |
| LIT campaign literature and mailings   | PRT print ads                        | 00,11000 (1091 | ,g,                                     |              | rmation technology costs                     | (internet, e  | e-mail)              |  |  |
| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)                   |                                      | CODE C         | PR DE                                   | SCRIPTION OF | PAYMENT                                      |               | AMOUNT PAID          |  |  |
| Golden 1 Credit Union<br>P.O.Box 15249<br>Sacramento, CA 95851                     |                                      |                | Check                                   |              |  |               | 214.66               |  |  |
|  |                                      |                |   | 1            |  |               |                      |  |  |
|  |                                      |                | *************************************** |              |  |               |                      |  |  |
|  |                                      |                |   |              |  |               |                      |  |  |
| * Payments that are contributions or independent expenditures                      | must also be summ                    | arized on So   | chedule D.                              |              | SU   | BTOTAL\$      | 214.66               |  |  |
| Schedule E Summary   |                                      |                |   |              |  |               |                      |  |  |
| 1. Payments made this period of \$100 or more. (Include all So                     |                                      |                |   |              |  |               | 214.66               |  |  |
| 2. Unitemized payments made this period of under \$100                             |                                      |                |   |              |  |               | 11.66                |  |  |
| 3. Total interest paid this period on loans. (Enter amount from                    | Schedule B, Part                     | 1, Column (    | e).)                                    |              |  | \$            |                      |  |  |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. E                      | nter here and on t                   | he Summar      | y Page, Column A                        | , Line 6.)   | то   | TAL \$        | 226.32               |  |  |